

**SPEECH DELIVERED BY THE HON. MINISTER OF HEALTH GHANA DR.  
KWEKU AFRIYIE AT THE 3<sup>RD</sup> AFRO MEETING FOR TOACCO CONTROL IN  
ABIDJAN; 27 02 2002**

Mr. Chairman,  
Distinguished Guests,  
Ladies and Gentlemen

It gives me a great pleasure to be present with you today for this important consultative meeting of the WHO Afro region on the WHO Framework Convention On Tobacco Control and to lend Ghana's support to the initiative.

It is widely recognized that tobacco is one of the major public health disasters of the 20<sup>th</sup> century, and that spiraling rates of tobacco consumption worldwide harm global health on an unprecedented scale. The extraordinary public health implications of tobacco use, long apparent in industrialized societies, are now accepted worldwide. However, in contrast to the concrete agreement on the health consequences of tobacco, the debate persists regarding the links between international trade liberalization and global tobacco consumption as well as appropriate remedies. According to the World Health Organization there are two global causes of death on the increase: HIV/Aids and tobacco smoking.

In the early 1990s, an estimated 1.1 billion individuals used tobacco world wide. This figure increased to almost 1.25 billion by 1998. The death toll from tobacco use is expected to reach 8.4 million by 2020, 70% of which will occur in the developing countries in most of which are represented here. Of the 100 million projected tobacco related deaths over the next 20 years, about half will occur during the productive ages of 35 – 69 years. Tobacco related diseases are the single most important cause of preventable deaths in the world. Smoking causes over 20 major categories of fatal and disabling diseases.

In Ghana, a study, the Global Youth Tobacco Survey, which was conducted in the year 2000 by the Health Research Unit of the Ministry of Health revealed the following interesting. 14.3% of students of Junior Secondary Schools have ever smoke cigarette. 19.5% currently use some tobacco product and 19.3% usually smoke at home. 21.9% leave in homes where others smoke and 57.2% think smoking should be banned from public places. These findings are in consonant with WHO findings and projections worldwide. The local problem, however, is believed to be bigger in light of the dynamic changing lifestyles, aggressive advertisements by the tobacco companies directly and indirectly.

The vast majority of people prefer to breathe clean air and are in support of smoking restrictions. Tobacco use is harmful to the health of smokers and non-smokers and warrants restrictive laws in public's interest.

Smokers clearly perceive benefits from smoking otherwise they would not pay to do it. They perceived benefits include pleasure and satisfaction, enhanced self image, stress control and for the addicted smoker, avoidance of nicotine withdrawal. However the choice to buy tobacco products differs in three specific ways from the choice to buy consumer goods;

First there is evidence that many smokers are not fully aware of the high probability of disease and premature death that their choice entails. People's knowledge of the health risks of smoking appears to be partial at best, especially in low and middle income countries and communities.

Secondly, Most smoking starts early in life, and children and teenagers may know less about the health effects of smoking than adults. Children and teenagers may not have the capacity to properly assess information that they possess about the health effects of smoking.

Thirdly, there is evidence that smokers impose costs on other individuals, both directly and indirectly. Smokers impose directly health costs on non-smokers. In Ghana, there is evidence that great loss to properties, environmental degradation from bush fires are caused by people who throw out burning cigarettes. Finally but not the least, in a given year, on average, a smokers health care is likely to cost more than that of a non-smoker of the same age and sex.

Ghana like most developing countries is in epidemic transition. As achievements are being made in controlling infectious and communicable diseases due to the success of the Primary Health care activities, non-communicable diseases are beginning to emerge. In the midst of this is the high cost of management and control of these diseases. A study conducted last year showed that it costs between C\$300 and \$400 to control one case of a non-complicated diabetes mellitus and £40,000.00 for a renal transplant and \$9000 per person per year for dialysis for example. This costs to a Ghanaian is very substantive and only few can afford. Tobacco use is major identified risk factor for the cause of these diseases among others.

### **Framework Convention for tobacco Control**

The effective control of tobacco requires multi-sectoral, multilateral and transnational approach. No singular approach is adequate enough regarding the enormity of the problem, the socioeconomic dimension and the influence the industry exerts on the global market. Tobacco Control has to contend with transnational determinants that contribute to the worsening of tobacco epidemic.

I am told the FCTC is a global legislative framework to strengthen and give global legal backing to national tobacco control programs and the objective of the Inter-governmental Negotiating Body (INB) is to draft and negotiate the FCTC. The focal person for Tobacco Control in the Ministry has been participating actively in these processes.

In Ghana, I inaugurated the National Steering committee for Tobacco Control two months ago. This high-powered body has among its tasks to develop a draft bill for

parliament to enact into a law to back public health campaigns and activities for effective tobacco control in Ghana. When I was leaving Ghana yesterday, the Multi-nationals were on the offensive seeking refuge in the weakness in Ghana's anti tobacco laws. Ghana is fortunate the tide of the public opinion is on the side of the anti tobacco movement.

Other activities conducted recently include a one-day seminar each for the media practitioners to keep them abreast on issues related to tobacco, and also to members of parliament to sensitize them on the forthcoming activities including the tobacco control law. We are also enforcing the law backing smoking in all and public health facilities.

Mr. Chairman, as a public health physician myself I have personal commitment to pushing for passage some of the toughest anti tobacco legislature in Ghana and elsewhere in the world.

Ladies and gentlemen, Ghana supports wholeheartedly the work you are doing and we hope to sign the final FCTC document and its protocols on schedule next year.

Thank you.